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Bib Data Sheet

CONFIRMATION NO. 6697

SERIAL NUMBER 09/430,040	FILING DATE 10/29/1999 RULE	CLASS 369	GROUP ART UNIT 2651	ATTORNEY DOCKET NO. 01489
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APPLICANTS

KATSUYA WATANABE, OSAKA-FU, JAPAN;
MITSUROU MORIYA, NARA-KEN, JAPAN;
SHIN-ICHI YAMADA, OOSAKA-FU, JAPAN;
YASUAKI EDAHIRO, OSAKA-FU, JAPAN;
TAKEHARU YAMAMOTO, OSAKA-FU, JAPAN;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 08/688,294 07/29/1996 PAT 6,011,762

**** FOREIGN APPLICATIONS *******

JAPAN 07-191680 07/27/1995
JAPAN 08-081245 04/03/1996

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/08/1999

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 28	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

WENDEROTH LIND & PONACK, L.L.P.
2033 K STREET NW
SUITE 800
WASHINGTON, DC 20006

TITLE

OPTICAL DISK APPARATUS

FILING FEE RECEIVED 1306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER		FILING DATE		CLASS AND UNIT	ATTORNEY DOCKET NO.	
09/430,040		10/29/99		369	2753	01489
APPLICANT	KATSUYA WATANABE, OSAKA-FU, JAPAN; MITSUROU MORIYA, NARA-KEN, JAPAN; SHIN-ICHI YAMADA, OOSAKA-FU, JAPAN; YASUAKI EDAHIRO, OSAKA-FU, JAPAN.					
	CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A DIV OF 08/688,294 07/29/96					
	371 (NAT'L STAGE) DATA*** VERIFIED					
	FOREIGN APPLICATIONS*** VERIFIED JAPAN 07-191680 07/27/95 JAPAN 08-081245 04/03/96					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/08/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
Verified and Acknowledged		Examiner's Initials _____ Initials _____		JPX	29	12
ADDRESS	WENDEROTH LIND & PONACK 2033 K STREET NW SUITE 800 WASHINGTON DC 20006					
	TITLE OPTICAL DISK APPARATUS					
FILING FEE RECEIVED	FEE: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
\$1,306						